

<b>AMENDMENT TRANSMITTAL LETTER</b>				Docket No. 132770.0101
Application No. 10/729,444-Conf. #1021	Filing Date December 5, 2003	Examiner T. N. Nguyen	Art Unit 3626	
Applicant(s): Suresh ANNAPPINDI				
Invention: UNEMPLOYMENT RISK SCORE AND PRIVATE INSURANCE FOR EMPLOYEES				
<b>TO THE COMMISSIONER FOR PATENTS</b>				
Transmitted herewith is an amendment in the above-identified application.				
The fee has been calculated and is transmitted as shown below.				
<b>CLAIMS AS AMENDED</b>				
Total Claims	23	Highest Number Previously Paid	0	Number Extra Claims Present
Independent Claims	4	- 3 =	0	x Rate
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>				
Other fee (please specify):				
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b> 0.00				
<input type="checkbox"/> Large Entity	<input checked="" type="checkbox"/> Small Entity			
<input type="checkbox"/> No additional fee is required for this amendment.				
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____.				
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.				
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.				
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>23-2185</u> as described below. A duplicate copy of this sheet is enclosed.				
<input checked="" type="checkbox"/> Credit any overpayment.				
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.				
<u>/Peter S. Weissman/</u> Peter S. Weissman Attorney/Agent Reg. No.: 40,220			Dated: <u>September 21, 2010</u>	
BLANK ROME LLP 600 New Hampshire Ave., NW Washington, DC 20037 (202) 772-5800				
<p>I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).</p> <p>Dated: September 21, 2010</p> <p>Electronic Signature for Peter S. Weissman: /Peter S. Weissman/</p>				

Under the Paperwork Reduction Act of 1995, no person is required to respond to a collection of information unless it displays a valid OMB control number.

<i>Effective on 12/08/2004.</i> <i>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</i>		<i>Complete if Known</i>	
<b>FEES TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/729,444-Conf. #1021
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Filing Date	December 5, 2003
		First Named Inventor	Suresh ANNAPPINDI
		Examiner Name	T. N. Nguyen
		Art Unit	3626
TOTAL AMOUNT OF PAYMENT (\$ 405.00)		Attorney Docket No. 132770.0101	

**METHOD OF PAYMENT** (check all that apply)

<input type="checkbox"/> Check	<input type="checkbox"/> Credit Card	<input type="checkbox"/> Money Order	<input type="checkbox"/> None	<input type="checkbox"/> Other (please identify): _____
<input checked="" type="checkbox"/> Deposit Account		Deposit Account Number 23-2185		Deposit Account Name Blank Rome LLP

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

<input type="checkbox"/> Charge fee(s) indicated below	<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee
<input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17	<input type="checkbox"/> Credit any overpayments

**FEES CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fees Paid (\$)
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues) 52 26  
 Each independent claim over 3 (including Reissues) 220 110  
 Multiple dependent claims 390 195

Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
			Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)
5	- 20 or HP	x =				
HP = highest number of total claims paid for, if greater than 20.						

  

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims	
			Fee (\$)	Fee (\$)	Fee (\$)	Fee Paid (\$)
1	- 6 or HP	x =				
HP = highest number of independent claims paid for, if greater than 3.						

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/50 = (round up to a whole number) x	=	

**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): **2601 Request for continued examination (RCE)** (see 37 ... 405.00)**SUBMITTED BY**

Signature	/Peter S. Weissman/	Registration No. (Attorney/Agent)	40,220	Telephone	(202) 772-5800
Name (Print/Type)	Peter S. Weissman	Date	September 21, 2010		

I hereby certify that this paper (along with any paper referred to as being attached or enclosed) is being transmitted via the Office electronic filing system in accordance with § 1.6(a)(4).

Dated: September 21, 2010

Electronic Signature for Peter S. Weissman: /Peter S. Weissman/